	m 481 - Carrier Annual Reporting Illection Form		FCC Form o OMB Contr July 2013	181 rol No. 3060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	613020		
<015>	Study Area Name	ACS-N SITKA		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Lisa Phillips		·
<035>	Contact Telephone Number: Number of the person identified in data line <030	907-297-3130		
<039>	Contact Email Address: Email of the person identified in data line <030>	Lisa.Phillips@acsa	laska.com	
ANNUA	L REPORTING FOR ALL CARRIERS			54.313 S4.422 Completion Required Required
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	no outages to report	(complete attached worksheet)	<u> </u>
<310>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)		(attach descriptive document)	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed 0.65 Mobile  Number of Complaints per 1,000 customers (broad Fixed Mobile			
<510> <600> <610> <700> <710> <710> <800> <900>	Service Quality Standards & Consumer Protection  613020ak510 Functionality in Emergency Situations  613020ak610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	,	(check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) f yes, complete attached worksheet) (check to indicate certification) (attach descriptive document)	
<1110>	Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers	(i	f not, check to indicate certification) (complete attached worksheet) (complete attached worksheet)	
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additional</u> Including Rate-of-Return Carriers affiliated with Pr			<u> </u>
<3000> <3005>	Rate of Return Carriers, Proceed to <u>ROR Addition</u>	al Documentation Wor	ksheet (check to indicate certification) (complete attached worksheet)	

	ervice Quality Improvement Reporting illection Form					FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	3020				
<015>	Study Area Name	S-N SITKA				
<020>	Program Year	2014				
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Philli	.ps			
<035>	Contact Telephone Number - Number of person identified in data line	< <b>030&gt;</b> 907-297-3	130			
<039>	Contact Email Address - Email Address of person identified in data line	<030> Lisa.Phi	llips@acsala	ska.co	om	
<110>	Has your company received its ETC certification from the FCC?		(yes / no )	0	<b>O</b>	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) year plan" filed with the FCC?	5 	(yes / no )	<u>O</u>	<u> </u>	
<112>	If your answer to Line <111> is yes, then you are required to file a progreport, on line <112> delineating the status of your company's existing 54.202(a) "5 year plan" on file with the FCC, as it relates to your provisivoice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). ICETC which only receives frozen support, your progress report is only required to address voice telephony service.	§ ion of ears,	s a			
				Name	of Attached	Document (.pdf)
	Please check these boxes below to confirm that the attached PDF, on li 112, contains a progress report on its five-year service quality improve plan pursuant to § 54.202(a). The information shall be submitted at the center level or census block as appropriate.	ment				
<113>	Maps detailing progress towards meeting plan targets					
<114>	Report how much universal service (USF) support was received		一			
<115>	How (USF) was used to improve service quality					
<116>	How (USF)was used to improve service coverage					
<117>	How (USF) was used to improve service capacity				•	
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.					
	And the second s					

(200) Service Outage Reporting (Voice)	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form	July 2013

<010>	Study Area Code	613020		
<015>	Study Area Name	ACS-N SITKA		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Phillips		
<035>	Contact Telephone Number - Number of person identified in data line	Contact Telephone Number - Number of person identified in data line <030> 907-297-3130		
<039>	Contact Email Address - Email Address of person identified in data line	<030> Lisa, Phillips@acsalaska.com		

<220>

	<h></h>	<g></g>	<f></f>	<e></e>	<d></d>	<c2></c2>	<c1></c1>	<b4></b4>	<b3></b3>	<b2></b2>	<b1></b1>	<a></a>
Number Date Time Date Time Customers Affected Customers Of Customers (Yes / No) Description (Check all that apply) (Yes / No) Resolution												
Customers (Yes / No) all that apply) (Yes / No) Resolution  See attached				- 1								1
See attached	- 1	Service Outage					Customers Affected	Time	Date	Time	Date	Number
See attached	n Procedures	Resolution	(Yes / No)	all that apply)	(Yes / No)	Customers						
See attached						_						
See attached												
See attached							·					
See attached												
See attached												
					d	See attache						
							1					
						JI KSI IEEL	WY					
							,					
			<del> </del>									

	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	613020	
<015>	Study Area Name	ACS-N SITKA	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Phillips	
<035>	Contact Telephone Number - Number of person identified in da	ta line <030> 907-297-3130	
<039>	Contact Email Address - Email Address of person identified in da	taline <030> Lisa.Phillips@acsalaska.com	
<701>	Residential Local Service Charge Effective Date	1/1/2013	
<702>	Single State-wide Residential Local Service Charge		

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4>&gt;</b4>		€>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
				See att	ached worksheet			

	adband Price Offerings ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	613020	
<015>	Study Area Name	ACS-N SITKA	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Phillips	
<035>	Contact Telephone Number - Number of person identified in data line <0	30> 907-297-3130	
<039>	Contact Email Address - Email Address of person identified in data line <	30> Lisa.Phillips@acsalaska.com	

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	€0	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached { <i>select</i> }
				e attached					
			work	sheet					
-									
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					L	L			

, ,	erating Companies lection Form	property of the second	Parameter State of St	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		613020	
<015>	Study Area Name		ACS-N SITKA	
<020>	Program Year		2014	
<030>	Contact Name - Person	USAC should contact regarding this data	Lisa Phillips	
<035>	Contact Telephone Nu	mber - Number of person identified in data line	<030> 907-297-3130	
<039>	Contact Email Address	- Email Address of person identified in data lin	2<030> Lisa.Phillips@acsalaska.com	
<810>	Reporting Carrier	ACS of the Northland, LLC		
<811>	Holding Company	Alaska Communications Systems Holdin	g, Inc.	
<812>	Operating Company	ACS of the Northland, LLC - Sitka		

<813>	<a1></a1>	<a2></a2>	<b><a3></a3></b>
	Affiliates	SAC	Doing Business As Company or Brand Designation
	Coo	ttached works	hoot
	366 8	ttached works	neet

i00) Tril	oal Lands Reporting		FCC Form 481
ata Coll	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
<010>	Study Area Code	613020	
<015>	Study Area Name	ACS-N SIT	TKA
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ph	dllips
<035>	Contact Telephone Number - Number of person identified in data line	<030> 90	7-297-3130
<039>	Contact Email Address - Email Address of person identified in data line	e <030> Li	isa.Phillips@acsalaska.com
<910>	Tribal Land(s) on which ETC Serves		Sealaska Corp., Koniag, Inc., Aleut Corp., Doyon Ltd., Bristol Bay Native Corp., Chugach Alaska Corp., Cook Inlet Region, Inc., Native Village of Akhiok, Native Village of Akutan, Angoon Community Assoc., Native Village of Atka, Chignik Bay Tribal Council, Native Village of Chignik Lagoon, Chignik Lake Village, Egegik Village, Native Village of Nanwalek, Native Village of False Pass, Hoonah Indian Assoc., Hughes Village, Huslia Village, Organized Village of Kake, Kokhanok Village, Village of Kaltag, Native Village of Karluk, Organized Village of Kasaan, Klawock Co-op. Assoc., Koyukuk Native Village, Native Village of Native Village of Larsen Bay, Native Vollage of Port Heiden, Native Village of Nelson Lagoon, Native Village of Nikolski, Nondalton Village, Northway Village, Nulato Village, Village of Old Harbor, Native Village of Ouzinkie, Pedro Bay Village, Native Village of Perryville, Native Village of Pilot Point, Native Village of Pt. Graham, St. George Island, St. Paul Island, Yakutat Tlingit Tribe
<920>	Tribal Government Engagement Obligation		613020ak920  Name of Attached Document (.pdf)
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:		
<921>	Needs assessment and deployment planning with a focus on Tribal	Selec (Yes,N NA)	lo,
	community anchor institutions;		
	Eggsibility and systemability planning.	Yes	
<922>	Feasibility and sustainability planning;		
	Marketing services in a culturally sensitive manner;	Yes	
<923>		Yes	
<922> <923> <924> <925>	Marketing services in a culturally sensitive manner;	<u> </u>	

Yes

Yes

NA

<927> Compliance with Environmental Review processes

<928> Compliance with Cultural Preservation review processes

<929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting  Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	613020	
<015>	Study Area Name	ACS-N SITKA	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Phillips	
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-297-3130	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Lisa.Phillips@acsalaska.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

10/15/2013

(1200) Te	erms and Condition for Lifeline Customers			FCC Form 481
Lifeline				OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form			July 2013
			613020	
<010>	Study Area Code			
<015>	Study Area Name		ACS-N SITKA	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Lisa Phillips	
<035>	Contact Telephone Number - Number of person identified in data l		907-297-3130	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	Lisa.Phillips@acsalaska.com	
	•			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
112107	rems & conditions of voice receptions chemic rights	Na Na	ame of attached document (.pdf)	
		110	ame or actached document (.pur)	
<1220>	Link to Public Website	HTTP	ww.alaskacommunications.com	
	"Please check these boxes below to confirm that the attached PDF,			
	on line 1210, or the website listed, on line 1220,			
	contains the required information pursuant to §			
	54.422(a)(2) annual reporting for ETCs receiving low-income			
				· ·
	support, carriers must annually report:		•	
<1221>	Information describing the terms and conditions of any voice	~		
	telephony service plans offered to Lifeline subscribers,	(Juranaman)		
<1222>	Details on the number of minutes provided as part of the plan,			
	plant of the plant,			•
		_		
<1223>	Additional charges for toll calls, and rates for each such plan.	~		
		-		

(2000) Pi	rice Cap Carrier Additional Documentation	FCC Form 481
Data Col	lection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	Study Area Code 6130	20
<015>		N SITKA
<020>	Program Year 2014	
<030>	Contact Name - Person USAC should contact regarding this data Lisa	Phillips
<035>		07-297-3130
<039>	Contact Email Address - Email Address of person identified in data line <030>	isa.Phillips@acsalaska.com
CHECK +	ho hoves helevy to note convisions on a variety of lawy and Course A. A	and the control of th
CHECK		Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II he information reported on this form and in the documents attached below is accurate.
	support as set forth in 47 CFR 3 34.313(b),(c),(a),(e)	ne mornation reported on this form and in the documents attached below is accurate.
	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<del>[ </del>
	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	· · · · · · · · · · · · · · · · · · ·
<2012>	2013 Frozen Support Certification	
<2013>	2014 Frozen Support Certification	
<2014>	2015 Frozen Support Certification	
<2015>	2016 and future Frozen Support Certification	
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016>	Certification Support Used to Build Broadband	
	ostanication support esca to build bioaubaild	
	Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017>	3rd year Broadband Service Certification	
<2018>	5th year Broadband Service Certification	$\vdash$
<2019>	Interim Progress Certification	recording to the control of the cont
<2020>	Please check the box to confirm that the attached PDF, on line 2021,	
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a reci	ient .
	of CAF Phase II support shall provide the number, names, and addresses of	
	community anchor institutions to which began providing access to broad	
	service in the preceding calendar year.	and .
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information
		Name of Accouncil Esting Required information

	ate Of Return Carrier Additional Documentation		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819
uata Coli	ection Form		July 2013
- <010>	Study Area Code 613020		
<015>	Study Area Name ACS-N SI	TKA	
<020>	Program Year 2014  Contact Name - Person USAC should contact regarding this data Li:	sa Phillips	
<035>	Contact Telephone Number - Number of person identified in data line <030>	907-297-3130	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Lisa.Phillips@acsalaska.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification (47 CFR $\S$ 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012) (3013) (3014)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains		
(3019) (3020)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
(3022)	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:  Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3023)	Borrowers, Underlying information subjected to a review by an independent certified		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(3024)	public accountant		
	Underlying information subjected to an officer certification.		<b>├</b> ──┤
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

	tion - Reporting Carr lection Form	ler	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	613020	
<015>	Study Area Name	ACS-N SITKA	
<020>	Program Year	2014	
<030>	Contact Name - Pers	on USAC should contact regarding this data Lisa Phillips	
<035>	5> Contact Telephone Number - Number of person identified in data line <030> 907-297-3130		
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> Lisa. Phillips@acsa	alaska.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities recipients; and, to the best of my knowledge, the information reported	s include ensuring the accuracy of the annual reporting requirements for universal service support d on this form and in any attachments is accurate.
Name of Reporting Carrier: ACS-N SITKA	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 10/15/2013
Printed name of Authorized Officer: Laurie Butcher	
Title or position of Authorized Officer: VP of Finance/Controler	
Telephone number of Authorized Officer: 907-564-1704	
Study Area Code of Reporting Carrier: 613020	Filing Due Date for this form: 10/15/2013

	tion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	613020
<015>	Study Area Name	ACS-N SITKA
<020>	Program Year	2014
<030>	Contact Name - Person US	Should contact regarding this data Lisa Phillips
<035>	Contact Telephone Numbe	Number of person identified in data line <030> 907-297-3130
<039>	Contact Email Address - Em	il Address of person identified in data line <030> Lisa. Phillips@acsalaska.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.				
Name of Authorized Agent:				
Name of Reporting Carrier:				
Signature of Authorized Officer:		Date:		
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier					
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.					
Name of Reporting Carrier:					
Name of Authorized Agent or Employee of Agent:					
signature of Authorized Agent or Employee of Agent: Date:					
Printed name of Authorized Agent or Employee of Agent:					
Title or position of Authorized Agent or Employee of Agen	t				
Telephone number of Authorized Agent or Employee of Ag	gent:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	613020
<015>	Study Area Name	ACS-N SITKA
<020>	Program Year	2014
<030>	Contact Name - Person U	JSAC should contact regarding this data  Lisa Phillips
<035>	Contact Telephone Numl	ber - Number of person identified in data line <030> 907-297-3130
<039>	Contact Email Address - I	Email Address of person identified in data line <030> Lisa.Phillips@acsalaska.com
<810>	Reporting Carrier	ACS of the Northland, LLC
<811>	Holding Company	Alaska Communications Systems Holding, Inc.
<812>	Operating Company	ACS of the Northland, LLC - Sitka

<813> <a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
ACS of Fairbanks, LLC	613008	ACS of Fairbanks, LLC
ACS Wireless, Inc.	619005	ACS Wireless, Inc.
ACS of Anchorage, LLC	613000	ACS of Anchorage, LLC
ACS of the Northland, LLC	613010	ACS of the Northland, LLC - Glacier State
ACS of Alaska, LLC	613022	ACS of Alaska, LLC - Greatland
ACS of Alaska, LLC	613012	ACS of Alaska, LLC - Juneau
······································		

#### FCC Form 481

### **Service Quality Standards & Consumer Protection Rules Compliance**

ACS of the Northland, LLC - Sitka, as a common carrier and an Eligible Telecommunications Carrier (ETC), is in compliance with the applicable consumer protection and service quality standards as set out in 47 CFR § 54.313(a)(5) and 47 CFR § 54.422(b)(3).

ACS of the Northland, LLC – Sitka maintains multiple business offices within its ETC service area, with its main branch located at 600 36th Avenue, Anchorage, AK. These offices are staffed during Commission business hours with personnel who can assist customers with their service needs and who represent the carrier. ACS of the Northland, LLC – Sitka also maintains a local and a toll-free number by which customers may reach personnel for assistance with their service needs.

ACS of the Northland, LLC – Sitka maintains consumer complaint procedures on their website for access by customers. Consumers may go to <a href="http://www.alaskacommunications.com">http://www.alaskacommunications.com</a> and access our Frequently Asked Questions, or use a web-form to contact ACS of the Northland, LLC – Sitka directly with a specific question.

ACS of the Northland, LLC - Sitka, as a common carrier and an Eligible Telecommunications Carrier (ETC), provided service throughout its ETC serving area to customers requesting service.

#### FCC Form 481

### **Functionality in Emergency Situations**

ACS of the Northland, LLC - Sitka, as a common carrier and an Eligible Telecommunications Carrier (ETC), is in compliance with the requirements set out in 47 CFR § 54.313(a)(6), 47 CFR § 54.422(b)(4), and 47 CFR § 54.202(a)(2) regarding functionality in emergency situations.

ACS of the Northland, LLC - Sitka maintains a minimum of eight (8) hours of backup power in order to ensure functionality without local AC commercial power.

ACS of the Northland, LLC - Sitka has established, to the extent feasible, the ability to reroute traffic around damaged facilities and to manage traffic spikes resulting from emergency situations.

ACS of the Northland, LLC - Sitka has established procedures for employees to follow in an emergency to prevent or minimize interruption or impairment of telecommunications services.

#### FCC Form 481

## **Tribal Land Offerings**

In 2012, the 54.313(a)(9) requirements had not yet been approved by the Office of Management and Budget, and so were not yet in effect. Nevertheless, Alaska Communications initiated dialogue with over 60 tribal entities in response to 54.313(a)(9) requirements in anticipation of the effectiveness of these requirements. First, regulatory staff made contact and confirmed that it had current contact information for the leadership of each of the tribal entities served by Alaska Communications. Alaska Communications then sent each of these entities a letter describing the Commission's tribal outreach reporting requirements. In many of these remote and isolated locations, Alaska Communications provides the only broadband solutions available, and the anchor institutions it serves receive support through the Rural Health Care and Schools and Libraries funds.

Our company routinely works with the tribal entities to best deliver broadband services that will meet the needs of the communities. Our company works with the tribal entities to preserve the cultural aspects of the community.